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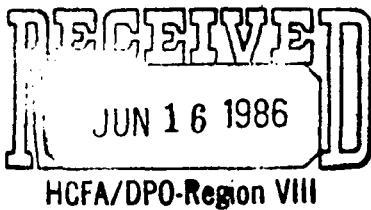
SUPPLEMENT 3 TO ATTACHMENT 2.6-A  
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Not Applicable



TN No. 86-4  
Supersedes  
TN No. -

Approval Date

6/25/86

Effective Date

4/1/86

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